



Emergency Medical Responder (EMR)
License Renewal Application
Idaho Emergency Medical Services Bureau



Send completed form to Idaho EMS Bureau, PO Box 83720, Boise, ID 83720-0036 or
Fax to 208-334-4015

Completion checklist: ☐ Applicant Signature ☐ Affiliating Agency Official Signature ☐ Completed continuing education record

Applicant Information:

Name _____
Last Name First Name Middle Name/Initial
Social Security # _____ - - Date of Birth ____ / ____ / ____ Drivers License # _____ DL State _____
Circle the highest level of education: GED High School Diploma College: 1 2 3 4 5 6 7 8 Gender ☐ F ☐ M
Mailing Address _____
City State Zip County
Home Phone # _____ Work Phone # _____ Cell Phone # _____
E-Mail Address _____

Affiliation:

Qualifying Agency Name _____ Agency License # _____
Check all circumstances in which you will use this certification: Volunteer ☐ True ☐ Compensated Career ☐ Full Time ☐ Part Time
Agency Chief/Director/President _____
Signature Printed Name
Additional Licensed EMS Affiliations: _____
Check all circumstances in which you will use this certification: Volunteer ☐ True ☐ Compensated Career ☐ Full Time ☐ Part Time

Applicant Signature:

I hereby affirm the information herein is true and correct, and that I meet all requirements for EMS licensure as established by the State of Idaho.

Signature of Applicant _____ Date signed _____

For Bureau Use Only

Received in Bureau

Received by Licensure Program

**EMERGENCY MEDICAL RESPONDER (EMR)
License Renewal Education Record**

Applicant Name:_____

All license renewal requirements must be completed between the effective date and the expiration date of the current license.

A. First Responder/EMR Refresher Course Options (Complete one of three) – Attach proof of completion.

- ☐ 1) An EMS Bureau approved EMR Refresher Course **and** six hours of continuing education

EMR Refresher Course Approval Number_____ Completion Date_____ Instructor_____

- ☐ 2) An EMS Bureau approved EMT Refresher Course

EMT-Basic Refresher Course Approval Number_____ Completion Date_____ Instructor_____

- ☐ 3) Successful completion of NREMT First Responder/EMR written exam **and** complete six hours of continuing education.

B. Additional Continuing Education (required if your license expires **after** 09/30/10)

- ☐ Landing Zone Officer (LZO) training

C. Required Continuing Education

Course Topic	Instructor	Date	Hours	Course Topic	Instructor	Date	Hours
CPR Proficiency One and Two Rescuer Adult/Child/Infant				Landing Zone Officer			
Total				Total			

If you have completed your Transition Course and desire to transition your license to the new curriculum level, please submit this form with your renewal application.



EMS Personnel License Transition Application

Idaho Emergency Medical Services Bureau

Send completed form to: Idaho EMS Bureau, PO Box 83720, Boise, ID 83720-0036 or
Fax to: 208-334-4015 or Email to: EMSProvLic@dhw.idaho.gov



Level Applying For: ☐ Emergency Medical Responder (EMR) 2011 ☐ Emergency Medical Technician (EMT) 2011

SSN –or– EMS License # _____

Name _____
Last Name First Name Middle Name

Transition Course # _____

Transition Education was completed within one (1) license duration (36 months) Yes___ No___ Date From: _____ To: _____

I hereby affirm the information herein is true and correct, and that I meet all requirements for an updated EMS license as established by the State of Idaho.

Signature of Applicant

Date signed